

**T-0000 FAIR HEARINGS****T-100 GENERAL INFORMATION**

Every applicant for and enrollee of Medicaid of Louisiana benefits has the right to appeal any agency action or decision and has the right to a fair hearing in the presence of an impartial hearing officer.

The Division of Administrative Law (DAL) provides an impartial hearing officer who assures the Medicaid agency has correctly applied federal and or state law (basis of the Medicaid policy) in the specific case in appeal. In general, a decision rendered by DAL should not be considered a revision to the State Medicaid policy.

**T-110 Federally Facilitated Marketplace (FFM)**

Beginning October 1, 2013, Louisiana will accept Medicaid and CHIP decisions rendered by the Federally Facilitated Marketplace (FFM) for those Medicaid/ CHIP programs that will be based on a MAGI methodology. If the request for appeal of a Medicaid/CHIP denial is directed to the FFM, the FFM will process the request for appeal, including preparing the summary of evidence and presenting the summary in a fair hearing before the FFM's appeal entity.

**Note:**

The appellant retains the right to have their Medicaid / CHIP decision adjudicated by the State Medicaid agency. The appellant must notate this option on the appeal request and submit the request directly to the State Medicaid agency or the DAL. The FFM will turn over all pertinent data to the State Medicaid agency when this occurs.

**T-120 DME**

Molina or the appropriate Bayou Health plan (see more information in the Medicaid Member Support section below) shall prepare the summary of evidence and attend any hearing resulting from a Prior Authorization decision.

**T-130 LTC Medical Certification Decisions**

Health Standards shall prepare the summary of evidence and attend

any hearing resulting from an LTC Medical Certification decision.

**T-140      Lock-In**

BHSF Pharmacy Benefits Management shall prepare the summary of evidence and attend any hearing resulting from a lock-in decision (if a Fee for Service enrollee).

**T-150      Estate Recovery**

BHSF Recovery and Premium Assistance Section shall prepare the summary of evidence and attend any hearing resulting from an Estate Recovery decision.

**T-160      Medicaid Member Support/Centralized Appeals Unit**

The Medicaid Member Support section's Centralized Appeals Unit shall be responsible for coordinating state fair hearing requests relating to a denial by way of termination, suspension or reduction of services. This responsibility includes ensuring the entity that rendered the decision (i.e., Bayou Health plans (Medicaid Managed Care), Molina, ULM, etc.) prepares and presents the Summary of Evidence at the appeals hearing and appropriate representation from relevant departments within the agency participate in said appeals hearing.

The Centralized Appeals Unit shall also be responsible for fair hearing requests resulting from a Medicaid eligibility denial or proposed closure. The Centralized Appeals Unit will ensure all necessary appeal activity resulting from the request is completed; this includes preparing and presenting the Summary of Evidence at the appeals hearing.